



CHECK REQUEST FORM

Please note: MACCC's contract with the City Of Morgan Hill requires an annual audit. In order to document our financial transactions all payments will be made by check, and all checks must be requested by using this form.

Form Completed by: _____

Date: _____

Class (Circle one) **MHAT** **MACCC**

Type (Circle One) **Equipment** **Supplies** **Services**

CHECK INFORMATION

Pay to the Order Of: _____

Mailing address _____

Telephone Number: _____

Date of Payment _____

Check Number _____ **Amount \$** _____

Description of Item or Service

Attach to check with the bill for signature of President, Treasurer, or other Authorized signatories (Two signatures are required.).

Approval _____ **Approval** _____